

·C'	COMPLETE THIS SECTION ON DELIVERY	A. Signature Company C	B. Received by (Printed Name) C. Date of Delyery	D. Is delivery address different from item 1? ☐ Yes ☐ If YES, enter delivery address below: ☐ No O	cum DEC 13	ent	3. Service Type R. Certified Mail. Process Mail T	VO.	4. Restricted Delivery? (Extra Fee)	בינטל מסמס ספס בינטל אולים	turn Receipt 102595-02-99-1540
	SENDER: COMPLETE THIS SECTION	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	1. Article Addressed to:	Indre Bisson	3000 Presidents Wars	#3413	Didham, MA swar		2. Article Number (Transfer from service label) 7 □ 1, ≥ ∃ □	PS Form 3811, February 2004 Domestic Return Receipt